



Attorney Docket No. CA919990041US1

1202  
2  
\$100.00

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

**Patent Application**

Applicant(s): S. Ignatchenko et al.  
Docket No.: CA919990041US1  
Serial No.: 09/690,249  
Filing Date: October 17, 2000  
Group: 2132  
Examiner: Daniel M. Ungar

I hereby certify that this paper is being deposited on this date with the U.S. Postal Service as first class mail addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Signature: *[Signature]*

Date: April 14, 2005

Title: Secure Document Management System

**SUPPLEMENTAL AMENDMENT**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the outstanding Office Action dated November 24, 2004, please amend the above-identified application as follows:

04/19/2005 CCK:U1 00000034 500510 09690249  
01 FC:1201 400.00 DA

04/27/2005 KWATSON 00000007 090468 09690249  
01 FC:1202 100.00 DA

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09/690249

## CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	29 minus 20 =	9
INDEPENDENT CLAIMS	6 minus 3 =	3
MULTIPLE DEPENDENT CLAIM PRESENT <input checked="" type="checkbox"/>		

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	29	20	=
Independent	6	3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

2/28/05

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	29	29	=
Independent	6	6	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

4/18/05

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	3	29	= 2
Independent	8	6	= 2
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
 \*\* If the "Highest Number Previously Paid For" in THIS SPACE is less than 20, enter "20."  
 \*\*\* If the "Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "3."  
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

RATE	FEE
BASIC FEE	355.00
X\$ 9=	
X40=	
+135=	
TOTAL	

OR OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	710.00
X\$18=	162
X80=	240
+270=	270
TOTAL	1382

SMALL ENTITY TYPE ☐

RATE	ADDITIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL ADDIT. FEE	

OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	100
X80=	400
+270=	
TOTAL ADDIT. FEE	500

Best Available Copy